

January 8, 2002
Health Data Committee Meeting
Cannon Health Building Room 125
(3:30-5:30 PM)

Attendance:

Members: Andy Bowler, Clark Hinckley, Scott Ideson, Robert Huefner, Gail McGuill, Sandy Peck, Terry Haven, Leslie Francis and Marilyn Tang. (Those members that couldn't make it were Annette Herman, Wen Kuo, Greg Poulsen and Kim Bateman)

Staff: Wu Xu, Robert Rolfs, Heidi Bergvall, Paul Hougland, Keith McMillian, Mike Martin, Chung-won Lee, Janet Scarlet.

Guests: Steve Trockman(CDC), Joan Gallegos(UHCA), Michelle McOmber(UHA), Howard McQuarrie(PEHP)

Andrew Bowler (Chair) conducting

- Start time 3:37 PM
- Introduction of Scott Ideson- Executive Vice President with Regency Blue Cross. Welcome Scott.
- Minutes - motion to put them into the record. Clark Hinckley motioned and Scott Ideson seconded it.

Budget Cut:

Bob Rolfs informed the committee that Legislative Appropriations Committee met this morning:

- Reviewing the 2002 budget for the State Health Department.
- Department of Health has approximately a \$10 million dollar deficit
- As a background, the Department of Health's budget is approximately \$1.16 billion.
 - 87% is HCF-Medicaid (Health Care Finance)
 - 3% is WIC (Women Infant & Children)
 - 2% is CHIP (Children Health Insurance Program)
 - 8% is Public Health Component

The recommended cuts include approximately 40 FTEs across the department. The cuts would include the Office of Health Care Statistics. The legislative process was split into three days.

1. Today was the presentation by the Fiscal Analyst with really no question or comment.
2. Tomorrow is the departments response (Health and Human Services) and then
3. Thursday will be the opportunity for public comment on this process. This will be 9-12. It will be the first portion and Human Services will come after. At the capital in room 403.

The budgetary impact is a \$153 million cut for the next 6 months and would continue through FY 2003 statewide. For the Office of Health Care Statistics, it would mean the elimination of the approximately \$300,000 portion of the office's budget that is general fund. The remaining of our office funds are from contracts and private contributions and from a large federal patient safety grant. But those are for categorical purposes. This would essentially eliminate the portion that is dedicated to the Health Data Authority Act.

Questions and Discussions:

- C Will you walk us through what the legislative process would look like, how this would be put forth and how it would be debated and subsequently how it will be decided upon?
- C What is the roll the HDC can play in this process?
- C What is the perspective of the HDC from the Executive Director's Office?

The role of the HDC is to articulate what will be lost to the people of Utah if this office is eliminated. Medicaid cuts will affect people, but these cuts will affect people also and shouldn't be cut. Rep. Steele said that he prefers written commentary with clear articulation of the issues, and oral comment will be important on Thursday. E-mail addresses are the way. Wu will get those out to the committee members.

The statement of the Fiscal Analyst was to eliminate the office of HCS. Some of the funding of the people in the office comes from other sources. If it got to that point, the department would have to express to the legislature that we need more latitude and freedom than what your describing and that the legislature can't do personnel management for the department.

- When was the last legislative session when the HDC was completely put at risk, and what was the response to it?

That was the Sunset hearing about 3 years ago, but that was a different issue. That was a question of the purpose of the office. This is more complicated in that this is a widespread cut through the DOH and a fiscal analyst who are very uninformed as to what the people do.

This is really a base or infrastructure for what we do. We couldn't do the grant or sales or anything without the base. If we can not provide the information, then we must give back the grant.

- So this is not the final legislative recommendation? No, this is just the Fiscal Analysts suggestion and tomorrow is the department rebuttal.

The other side of that is that there is a lot of money laying around that's not doing anything.

1. There is \$32 million in one time money that is left from the I-15 project.
2. There is \$146 million, for the Centennial Highway Fund that is not doing anything.
3. There is \$120 million for the rainy day fund that is just sitting there.
4. Tobacco settlement money.

The HDC should:

1. Have some industry representative input by email to the key Legislators
 2. Also somebody be there in person on Thursday to represent the Office & HDC.
- What are the unpopular things that we are doing?
1. Basically it is a little unpopular to have data out there by which other people can review your own operations.
 2. Some of the industries are quite helpful on that and some are not. I don't really know where people are standing right now on that.

3. The office will find the key legislators and give you a list of emails. Wu will give some basic thoughts to help you with the facts of the committee's importance in this.

7% of the Departments budget is public health and 93% is various forms of medical help. If you take it at a proportional level it would be a radical different picture.

C When was the last price increase? 1999

C What was the increase last time? Doubled the price for public used data sets.

The decision was made that increasing it substantially was not a good idea and it wasn't appropriate, so it wasn't increased dramatically. There has been some efforts to increase the marketing of it and there has been some increased in revenue in that way. But there was not a percentage in that way.

If we have to accept big cuts, then basically we will cut the reporting part. Keep the databases infrastructure going, but without reporting the data and users will go down. Then we will loose money that way.

We've got both a short and a long term issue here.

- In the short term I'd argue that it is important to preserve the quality of the data.
- But if we don't keep showing even more than we have in the past, the use of that data, then we will loose the support for that.

If we cut less than about \$50,000 we can still survive by trying to put some into support staff, but if it comes to \$100,000 it will really do more damage than not.

- Are there any grants available, maybe we could pay some of our basic operating expenses out of them?

The problem with a grant is that it is for research. It won't let you pay for infrastructure or operational things. Unless your goal is to already do the research that the grant funds you. An example is the Patient Safety grant. We were able to get that because we are already doing some things.

Compared to other states, our statewide health information system is already very weak. You can see we use a lot of other sources to support it. From state general funds, this time's message was to cut all data out. (See slide 4 on the handout) Annually we will have 242,000 discharges with more than 2 billion charges, we record on our data base.

1. Outpatient surgery, the cost is almost \$400 million.
2. Emergency is about \$700 million.

So we monitor at least \$3 billion market activities. With the economy being really bad, this data is even more important at this crucial time. If we take all of the information systems out, that will be really bad for the state. Everyone has to suffer at bad times. But to eliminate whole functions, we hurt ourselves.

- Is any of the data used by the legislature? Either drafting bills or proposed legislation?

For the Outcomes report the department every year submits to the legislature. We do have several pages based on the data we have. Several indicators are in there and they know that.

It starts to impact their ability to craft new legislation and respond to issues in the state. That's just one more reason to consider whether this move is appropriate as opposed to some more incremental production.

Worst case scenario, everything goes away so there is no formal data collection method of this group, you're still going to require some statistical data.

- Are there obligations from the health care institutions to provide you data, regardless? Will you still be able to collect the data?

We would still have the authority through the Health Data Authority Act but. Maybe, the authority, but not the ability.

Government does what it does at the will of the people. What ever authority's in the law, if it isn't consistent with what the people want done, it doesn't get done.

Look back at what we had a decade ago:

1. There were data that were being collected by the hospital association, but not in near the detail nor near the confidence of objectivity.
2. We had some rough measures but not the kind of thing we have been able to get into, in terms of the report card and those types of things.
3. We were dependent, to a considerable extent, on national data and then just try to extrapolate it to the state.

It tended to be extrapolated from the national data. Which meant that we did not have a good feedback system. If we did something in the state, then we didn't have a very good sense as to what the result of that was. And so if we're in a field where we are not absolutely certain what works, then we didn't have the kind of assistance that allowed us to learn from our experience.

- C What data support do we provide to the Medicaid program? In the absence of the ability for us to work with that data, do we put the Medicaid program in jeopardy or are their federal requirements that would mandate that data be manipulated anyway?

Currently our office/the HDC, is doing the Commercial and Medicaid HMOs reporting. We are pulling public and private sectors' needs together with Medicaid funds and HMO contributions. This supports the committee's function as well.

- C Is there any possibility that someone would help us who is connected with Medicaid, who could give the perspective of how that side of the budget is being affected by what we do?

The department's perspective will be stated by Rod Betit the Director, so I don't know that somebody from within Medicaid can do that. I think that will be a challenge to get someone in a medical assistance funding program to support cutting it instead of something else.

- C Is there are other members of the committee who are willing to go up Thursday. And is it more appropriate to have multiple people who are testifying or just be present and have one spoke person? I'm not sure how the most effective way to handle this is.

We will have 3-4 people at the capitol on Thursday. We will send each of you the Legislators E-mail addresses, that are on the committee.

Future HDC News release -

Staff will draft the news release and send it to all of you and then you can comment on it. We will put your quotation in it. The media seems to like that more. So your comments and quotations can really help us send that information to the right people. We produce good information but need to know how to disseminate it to the people. You're the experts in this field.

Health System Indicator Project -

Mr. Steve Trockman, CDC Prevention Specialist, developed some health care system indicators. He did presentation (See handout UTAH HEALTH CARE SYSTEMS INDICATOR PROJECT) to the committee. The main audience for the indicators would be purchasers, providers, legislators, public health community, researcher and public regulators, and media.

Staff proposed to HDC to endorse a health care system indicator report. The committee has published many topical report but don't have a flagship report that brings all information into one place. We can summarize data from different sources into a set of health care system indicators.

Nursing Home Moratorium Report -

In the last meeting (Nov. 2001) we made some recommendations for the Executive Office for long term care. Wu met with Rod Betit reviewed the analysis and executive summary. He would like to meet with the committee in our April meeting. This report shows how we support policy makers.

Next Step:

Clark Hinckley (Vice Chair) - Alright our next meeting is April 9th. Thank you all for being here. We hope to have contact with you over the next couple of days and that things go well in the Legislature. Adjourned at 5:25 p.m.